

number of ganglion cells in 6 different layers of the top and the base of the cortex as well of the gyrus dentatus as the hippocampus; especially epilepsy caused this.

Symmetry is very rare in the details of the hippocampus. (It would be worth attention to verify whether in the asymmetrical cases the predominance of the disturbances of motion and sensibility of one side might correspond with the side in which anatomically most changes were found. Ref.)

In the 17 cases 3 times was found a defect in the multipolar and pyramidal ganglion cells; of these three, two in insania epileptics and one in juvenile dementia; in the last case it was not sure that fits have occurred. The author cannot agree with Bratz in that B. found regularly the defective development in the entire cornu ammonis up to the uncus. He concludes that degeneration of the ganglia cells in the cornu ammonis is not a monopoly of epilepsy, but that also in other psychoses these peculiar abnormalities are found.

2. *A Medico-Legal Examination.*—A case of exhibitionisme in which the authors believe there was a defective development of intellect and deny the responsibility of the person in question for his act, it being the result of an abnormal sexual impulsion which could not be resisted.

MUSKENS (Hague).

MONATSSCHRIFT FÜR PSYCHIATRIE UND NEUROLOGIE

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1. A Case of Erb's Plexus Paralysis, with Involvement of the Phrenicus and Sympathetic on the Same Side. U. ROSE.
2. Ecnoic Conditions. H. BREUKINK.
3. Paraldehyde Delirium, and the Effects of Paraldehyde, with Remarks upon Other Hypnotics. M. Probst.
4. The Clinical Nature and Pathogenesis of Certain Forms of Psychoses of Anxiety. E. STRANSKY.
5. The Pathology of Paralysis of the Peroneus. S. DANS.
6. Report of the Eighteenth Meeting of the Southwest German Neurologists and Alienists on the 23rd and 24th of May, 1903, in Baden-Baden. R. LAUDENHEIMER.

1. *Erb's Paralysis.*—A workman, thirty-two years of age, fell while intoxicated, striking the left arm and left side of the face. He fell asleep where he had fallen, and immediately after wakening noticed weakness in the left arm. This increased, but did not involve the hand. The left eye was smaller and there was paralysis of the left vocal cord. Finally there was no power of movement in the shoulder or elbow joint, but good movement of the hands. Sensation was normal, with the exception of a doubtful area of hypesthesia on the radial side of the arm. Later the patient developed paresthesia in the left arm, and an investigation with the Röntgen ray showed that the left side of the diaphragm did not move during respiration. The pupil remain contracted, but there was slight return of power in the arm. This rapidly improved and the patient gradually recovered power, although the movement of the diaphragm on the left side remained limited. The case represents characteristic Erb's paralysis, and in addition paralysis of the phrenic nerve on the left side and of the left sympathetic. The result was favorable, and on account of the absence of the reaction of degeneration the prognosis had always been good. The paralysis was probably brought about by hyperextension of the left arm during the drunken sleep, giving rise to compression of the plexus between the collar bone and the transverse processes of the fifth and seventh cervical vertebrae. It is also possible that as the patient

fell upon a heap of stones, one of these may have pressed upon the fourth, fifth and sixth cervical nerves and also upon the sympathetic nerves. The possibility of a rheumatic paralysis secondary to chilling seems unlikely.

2. *Ecnoic Conditions*.—Breukink reports the case of a man seventy years old, who during military service was struck upon the heart with a pistol, rendered unconscious, and had subsequently some slight symptoms of cerebral disturbance. He had used alcohol to excess. At the age of fifty years he became at first depressed and then extremely excited over religious subjects. He recovered in an insane asylum, and twenty years later, when worried about his wife, who was sick with influenza, he again became excited about religious subjects. He seemed to understand where he was, and to realize that his mind was affected, but exhibited extreme excitement, often shouting, and his speech was slight scansion. Breukink discusses the differential diagnosis, considering senile dementia, hysterical psychosis, mania, acute hallucinatory paranoia, and finally the condition described by French authors as "exaltation cérébrale," or as "delirium of the degenerates." The second case, a man of thirty-two, without neuropathic heredity, who in his boyhood had been obliged to work very hard, had at times shown religious exaltation. He became engaged to be married, but heard voices warning him against his fiancée. After marriage he became very suspicious of his wife, and finally fled to Holland, where he worried a great deal over his wickedness. He finally became excited, had hallucinations and was transferred to the insane asylum. Under the influence of opium the patient became more quiet, but still had hallucinations, although his intelligence was normal. The symptoms were those of emotional excitement. Both of these cases correspond to the ecnoic state of Ziehen.

3. *Paraldehyde Delirium*.—Probst, after a careful analysis of the literature, which shows how diverse are the opinions of different authors on the subject, reports the case of a woman of thirty-eight who for many years had had the paraldehyde habit, taking the drug not merely as a hypnotic, but also during the day to quiet the nervous system. Finally she was brought to the hospital in a state of stupor, with a history that she had taken 150 gm. of paraldehyde in the course of thirty-six hours. This had not produced sleep, but she was extremely anxious, groaned continually, and threatened suicide. Speech was affected and she was not able to sit up. She had constant vomiting; the expiration had a strong odor of paraldehyde, and there was a slight subnormal temperature. On the second and third days there was profuse perspiration and polyuria. Acetone in considerable quantities was present in the urine. On the fifth day there were muscular twitchings in the tongue and extremities, and hallucinations of sight and smell. On the sixth day she began to improve and soon recovered completely. Probst, however, has seen other cases in which larger doses of paraldehyde (50 and 60 gm.) were taken without injurious effects, and he believes that pure paraldehyde is the least dangerous of all the hypnotics. Sulphonal, if its use is continued too long, produces poisonous effects. He mentions the case of a woman who for several years had taken considerable doses at intervals. The symptoms were staggering gait, stupor, slow speech, nausea and weakness.

4. *Psychoses of Anxiety*.—Stransky reports some curious cases. A man of thirty-three years had articular rheumatism followed by mitral insufficiency and loss of compensation. After that he frequently had paroxysmal attacks of cardiac failure occasionally associated with anginoid symptoms. Later a condition of anxiety became persistent and it was necessary to confine him in an asylum. The depressed, anxious state was always more severe when the failure of compensation was pronounced. The second case, a woman of forty-four years, passed through practically the same course. He regards this anxious state as a complex perception which may

be produced by a variety of conditions, among which precordial angina is one of the most important. Of course the increased excitement of the sensory heart nerves produced by the cardiac lesion are predisposing, and not direct causes of the condition. He draws a sharp distinction between the pain felt in the precordium, and the state of fear or anxiety that occurs in angina pectoris.

5. *Peroneus Paralysis*.—Dans continues his discussion of peroneal paralysis, discussing tabes, dementia paralytica and progressive muscular atrophy. He mentions also the forms that occur in senile sclerosis, and describes a case that he observed in a man seventy-eight years of age. There were no reactions of degeneration, and in the course of five months considerable improvement occurred. The paper concludes with an anatomical classification of various forms of paralysis. Nearly 300 classified references are appended to the article.

6. *Society Proceedings*.—The following are the papers read at the 18th meeting of the Southwest German Neurologists and Alienists. "Spastic Spinal Paralysis, and the Reasons for Accepting Its Existence," by Erb. "The Anatomical Foundation of Syphilitic Spinal Paralysis," Erb. "An Epidemic of Syphilis 12 Years Ago, and the Results that Can Be Determined Today," Brosius. "Relapsing Papillitis in Cerebral Tumors," Axenfeld. "Atrophy of the Optic Nerve and Disturbance of Menstruation in Tumors of the Brain," Axenfeld. "The Prognosis of Progressive Paralysis," Gaupp. "Gallopang Paralysis," Weber.

J. SAILER (Philadelphia).

MISCELLANY

SYRINGAL HEMORRHAGE IN THE SPINAL CORD. Sir William Gowers (Lancet, Oct. 10, 1903).

The etiology and the symptoms of this interesting but happily rare condition, is presented by Sir William and several of his most interesting cases cited. Perhaps the most characteristic sign presented is the pain, which is described as being so severe that it makes the patient shriek with agony, the legs feeling as if they were being broken across. The bulk of the pain, however, is locally over the spine, the referred pain being entirely secondary as regards degree. Such pain as this does not occur in simple myelitis. If the blood escapes into a cavity of considerable vertical extent, there is not much erosion of the cord at the seat of the hemorrhage until the cavity is filled. It is probable that the cavities into which these hemorrhages take place, may be in many cases regarded as congenital. Some authorities, however, differ from this. It is easy to understand how hemorrhage may readily occur into these preëxisting cavities. They are irregular in position and in size, and therefore in their relation to the vessels. The adjacent gliomatous tissue which surrounds them seems to be readily broken down by the fluid they contain. Adjacent vessels are imperfectly supported and may easily give way. Furthermore this gliomatous tissue is extremely vascular and may be a source for the hemorrhage, without any reference to the larger vessels. The symptoms, therefore, will vary rather directly as the congenital spaces of the cord are greater or smaller and are surrounded by a more or less vascular area. Inasmuch as these spaces are distributed along the posterior cornua, it must be remembered that if distended by blood, they may compress the lateral columns. And if it extends forward to the central region, it may compress the anterior horn. To differentiate the condition from a cerebral lesion, it is important to note that the latter never causes complete paralysis of the arm without any affection of the face or leg. The sternomastoid is weakened on the side opposite to the paralyzed arm, not on the same side. The most important therapeutic point is to give absolute rest in every case of sudden spinal